

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>LR</i>	<i>1019</i>	<i>02-28-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>LR 440</i>	<i>36851</i>	<i>09/02/01</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	<i>62/04</i>
Original	<i>304</i>
1	✓
2	
3	✓
4	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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